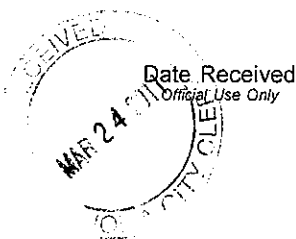


RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Gallian Laurine R

1. Office, Agency, or Court

Agency Name

Sonoma City Council

Division, Board, Department, District, if applicable

Your Position

Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of Sonoma

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/23/11  
(month, day, year)

Signature

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name \_\_\_\_\_

Laurine R Gallian

<p><b>▶ 1. INCOME RECEIVED</b></p> <hr/> <p>NAME OF SOURCE OF INCOME</p> <p>Pacific Gas and Electric Co.</p> <hr/> <p>ADDRESS (<i>Business Address Acceptable</i>)</p> <p>111 Stony Circle, Santa Rosa, CA 95401</p> <hr/> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>Utility</p> <hr/> <p>YOUR BUSINESS POSITION</p>  <hr/> <p>GROSS INCOME RECEIVED</p> <p> <input type="checkbox"/> \$500 - \$1,000      <input type="checkbox"/> \$1,001 - \$10,000  <input checked="" type="checkbox"/> \$10,001 - \$100,000      <input type="checkbox"/> OVER \$100,000         </p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p> <input type="checkbox"/> Salary    <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income  <input type="checkbox"/> Loan repayment    <input type="checkbox"/> Partnership  <input type="checkbox"/> Sale of _____  <span style="margin-left: 150px;"><i>(Property, car, boat, etc.)</i></span> </p> <p><input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____</p> <p><input type="checkbox"/> Other _____  <span style="margin-left: 100px;"><i>(Describe)</i></span></p>	<p><b>▶ 1. INCOME RECEIVED</b></p> <hr/> <p>NAME OF SOURCE OF INCOME</p>  <hr/> <p>ADDRESS (<i>Business Address Acceptable</i>)</p>  <hr/> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p>  <hr/> <p>YOUR BUSINESS POSITION</p>  <hr/> <p>GROSS INCOME RECEIVED</p> <p> <input type="checkbox"/> \$500 - \$1,000      <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000      <input type="checkbox"/> OVER \$100,000         </p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p> <input type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income  <input type="checkbox"/> Loan repayment    <input type="checkbox"/> Partnership  <input type="checkbox"/> Sale of _____  <span style="margin-left: 150px;"><i>(Property, car, boat, etc.)</i></span> </p> <p><input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____</p> <p><input type="checkbox"/> Other _____  <span style="margin-left: 100px;"><i>(Describe)</i></span></p>
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\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____ ADDRESS <i>(Business Address Acceptable)</i> _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <div style="text-align: right;"><i>Street address</i></div> <div style="text-align: right;">_____ <i>City</i></div> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>(Describe)</i></div>
--	--

Comments: \_\_\_\_\_

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Laurine R Gallian
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## SCHEDULE D

### Income – Gifts

▶ NAME OF SOURCE  
Southern California Edison  
 ADDRESS (Business Address Acceptable)  
PO BOX 800 Rosemead CA 91770  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Utility- LOCC Advanced Training For Electeds

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 28 / 10</u>	\$ _____	_____
<u>7 / 29 / 10</u>	\$ _____	_____
<u>7 / 30 / 10</u>	\$ <u>378.92</u>	<u>Training lodging/meals</u>

▶ NAME OF SOURCE  
Invoking the Pause  
 ADDRESS (Business Address Acceptable)  
PO BOX 1247 Sonoma CA 95476  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Environmental Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 27 / 10</u>	\$ _____	_____
<u>8 / 28 / 10</u>	\$ _____	_____
<u>8 / 29 / 10</u>	\$ <u>361.00</u>	<u>Lodging /meals</u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	\$ _____	_____
<u>    /    /    </u>	\$ _____	_____
<u>    /    /    </u>	\$ _____	_____

▶ NAME OF SOURCE  
Sonoma International Film Festival  
 ADDRESS (Business Address Acceptable)  
PO BOX 1613 Sonoma CA 95476  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Film

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 16 / 10</u>	\$ <u>75.00</u>	<u>Event Pass</u>
<u>    /    /    </u>	\$ _____	_____
<u>    /    /    </u>	\$ _____	_____

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	\$ _____	_____
<u>    /    /    </u>	\$ _____	_____
<u>    /    /    </u>	\$ _____	_____

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	\$ _____	_____
<u>    /    /    </u>	\$ _____	_____
<u>    /    /    </u>	\$ _____	_____

Comments: \_\_\_\_\_